

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27383 7590 12/01/2004

CLIFFORD CHANCE US LLP  
 31 WEST 52ND STREET  
 NEW YORK, NY 10019-6131



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|               |                    |
|---------------|--------------------|
| LISA M. DAVIS | (Depositor's name) |
| Lisa M. Davis | (Signature)        |
| 2-8-05        | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/931,974      | 08/17/2001  | David M. Binder      | 7226-200            | 5408             |

TITLE OF INVENTION: FLEXIBLE SUPPORT FOR GEL WRAPS

02/11/2005 BABRAHA2 00000001 500521 09931974

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEES DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|----------------|------------|
| nonprovisional | YES          | \$685     | \$300           | \$985          | 03/01/2005 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| GIBSON, KESHIA L | 3761     | 602-041000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Margaret B. Kelley
- 2 Clifford Chance, LLP us
- 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GelZone, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

1928 Hickory Ridge Road  
 Richmond, VA 23233

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0521 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Margaret B. Kelley

Typed or printed name MARGARET B. KELLEY

Date February 8, 2005

Registration No. 29,181

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Post Office as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date:

Name:

Signature:

2-8-05

Lisa M. Davis

*Lisa M. Davis*  
Clifford Chance US LLP

**Docket No. 7226-200**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: David M. Binder et al.

Filed: August 17, 2001

Group Art Unit: 3761

Serial No: 09/931,974

Examiner: Gibson, Keshia L.

For: FLEXIBLE SUPPORT FOR GEL WRAPS

Allowed: 2

**CERTIFICATE OF MAILING AND TRANSMITTAL OF ISSUE FEE**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith please find the following:

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Return-receipt postcard
- ☐ Other: Change of Address Form
- ☐ A check in the amount of \$\_\_\_\_\_
- ☒ The Commissioner is hereby authorized to charge the Issue Fee and Publication Fee to Deposit Account No.: 50-0521.
- ☒ The Commissioner is hereby authorized to charge any additional fees or credit any overpayment in connection with this application to Deposit Account No. 50-0521. A duplicate copy of this sheet is enclosed.

Date:

February 8, 2005

Respectfully submitted,

Margaret B. Kelley

Margaret B. Kelley

Reg. No. 29,181

Clifford Chance US LLP  
31 W. 52<sup>nd</sup> Street  
New York, NY 10019  
Telephone: (212) 878-3145